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APPLICANTS

Matthew T. Thompson, Houston, TX;

James D. Johnston, Houston, TX;

** CONTINUING DATA ***** *none*** FOREIGN APPLICATIONS ***** *none*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY TX	SHEETS DRAWING 9	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 3
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ADDRESS

21324
 HAHN LOESER & PARKS, LLP
 One GOJO Plaza
 Suite 300
 AKRON, OH
 44311-1076

TITLE

Femoral implant for hip arthroplasty

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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